

Case Number:	CM15-0201932		
Date Assigned:	10/16/2015	Date of Injury:	11/07/2011
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male, who sustained an industrial injury on 11-7-11. The injured worker is diagnosed with intermittent lumbar radicular symptoms, lumbar facet syndrome, lumbar spondylolisthesis, cervical strain and right parascapular and trapezial trigger point. His work status is full duty without restrictions. A note dated 8-24-15 reveals the injured worker presented with complaints of low back pain and intermittent "truncal shift" made worse by prolonged standing and walking. He reports right shoulder pain is causing difficulty with overhead activities and raising his hand above his shoulder. A note dated 4-16-15 revealed multiple episodes of back spasms with associated "truncal shift" along with low back pain that radiates pain to his buttocks bilaterally. Physical examinations dated 4-16-15 and 8-24-15 revealed bilateral tenderness at the "lumbar posterior spinous processes and paraspinous muscles." The lumbar spine and right shoulder range of motion is decreased. Pain in the gluteal region is noted with lumbar extension. Treatment to date has included medications; Soma, Norco (minimum of 4 months) and Ibuprofen. A note dated 8-28-15 states the injured worker takes a 1/2 Norco tablet occasionally in the morning prior to work for back and shoulder pain. Diagnostic studies include lumbar spine x-rays. A request for authorization dated 9-9-15 for Norco 10-325 mg #60 (1 tablet every 6 hours as needed) is modified to #40, per Utilization Review letter dated 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10-325mg 1 PO Q6H PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.